

California Children's Services Program

Advisory Group Meeting
July 24, 2019



Agenda

Welcome, Introductions, and Purpose of Today's Meeting

Transition to Adulthood Workgroup Update

Inter-county Transfer Process

Phase III Whole Child Model County/Plan – Lessons Learned and Best Practices

Open Discussion

Public Comments, Next Steps, and Upcoming Meetings



Welcome, Introductions, and Purpose of Today's Meeting

Sarah Brooks

Deputy Director, Health Care Delivery Systems
Department of Health Care Services



Transition to Adulthood Workgroup Update

Jill Abramson, MD, MPH, FAAP
Associate Medical Director of CCS Specialty Care Programs
Department of Health Care Services



Workgroup Update

1 Additional meeting dates

2 Additional workgroup members

Risk Assessment Tool

Inter-County Transfer Numbered Letter Update

Meredith Wolfe

CCS Administrator
Health and Human Services Program Services Coordinator
Public Health Branch, County of Humboldt

Katie Schlageter, MS-HCA

CCS Administrator
Deputy Division Director, Family Health Services
Alameda County Public Health Department

History

- Inter-County Transfer Expectation
 - Case is closed in the original county and opened in the new county the next day with no interruption of services.
 - Prior to Whole Child Model (WCM), most counties (except for 6) had California Children's Services (CCS) services carved-out. As long as the 2 counties were carved-out, the health plan code would not have an impact on payment of claims.
 - Most counties contacted the Medi-Cal Managed Care (MCMC) Ombudsman when a client transferred from one of the carved-in counties, to request disenrollment from the health plan.

History (cont.)

- Numbered Letter 09-1215 worked well when CCS was mostly a carved-out program.
- With implementation of the WCM, the problems that happened with carved-in counties changed from being an exception to being much more common.
- Counties needed guidance on a consistent approach to ensuring smooth transfers when WCM counties are involved.
- DHCS requested the CCS Executive Committee to draft a revision to the Inter-County Transfer Numbered Letter.

Process

Workgroup

- 5 WCM Counties (4 Independent/1 Dependent)
- 6 Classic CCS Counties all Independent

Meetings

 5 meetings via phone and "GoToMeeting," approximately one per week for 2 hours each

Transfer challenges related to WCM

- Health Plan code remains connected to client's case
 30 60 days after transfer.
- Insufficient information to give to new county when the original county is a WCM county.

Example:

- Parent provides new address to the local Medi-Cal office.
- The monthly Health Plan list is generated around the week before the end of each month, before the address change has taken effect. Client gets automatically enrolled for another month (only if WCM/COHS county).

Why this is a problem: (WCM county to Classic CCS county)

Problem 1: Delays access to care

Problem 2: Providers get claims denied

Proposed Solutions:

Manual update in MEDS of client's health plan code by MCMC Ombudsman. Mirror the process in place for Foster Children Inter-county transfers. (Implementation of AB 1512, All County Welfare Directors Letter No 09-10).

At the same time

Health Plan continues to provide case management and payment until client is no longer enrolled, even if the case is already active in the new county.

Why this is a problem: (Classic CCS county to WCM county)

Problem 1: Potential for gaps in services, inefficiencies.

Proposed Solutions: (Classic CCS county to WCM county)

Manual update in MEDS of client's health plan code by MCMC Ombudsman.

And/or

New county alerts the WCM health plan of the need for enrollment effective the date the case was opened in the new county.

Insufficient Information to Give to New County When the Original County is a WCM County

Why this is a problem: (WCM county to Classic CCS county)

Authorization information and care coordination information is not available in CMSNet. New county public health nurse (PHN) or Integrated Systems of Care Division (ISCD) PHN will not have a list of services and medications that were authorized, nor a history of care plans.

Insufficient Information to Give to New County When the Original County is a WCM County (cont.)

Proposed Solution:

WCM Inter-County Transfer Form

- Alerts health plan of the transfer
- Includes a checklist of the items needed from the health plan
- Requests name and contact number of health plan staff for new county to contact if needed

Next Steps

- Submit draft revised Inter-County Transfer Numbered Letter to ISCD
 - Target date: Mid-August

Questions

Feedback for the Numbered Letter can be sent to Meredith Wolfe, Workgroup Chair

mwolfe@co.humboldt.ca.us



Phase III WCM County/Plan – Lessons Learned and Best Practices

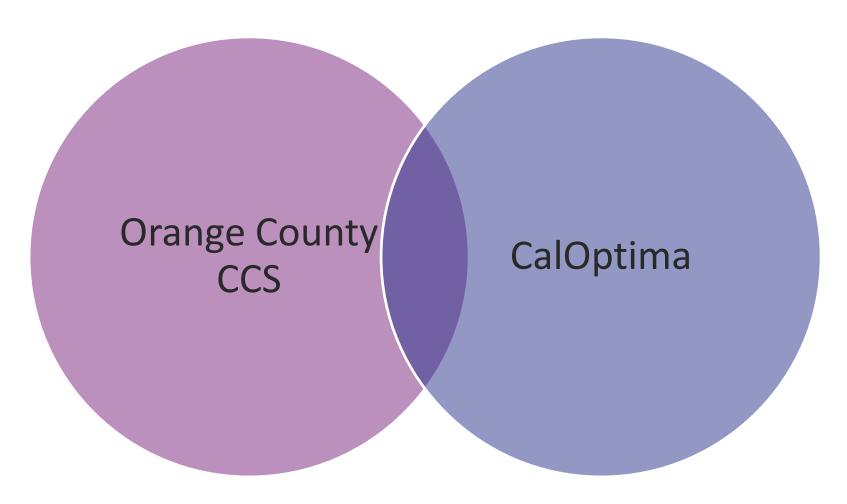
Harriet Fain, PT, MPA

Division Manager / Orange County CCS
Orange County Health Care Agency

David Ramirez, MD
Chief Medical Officer
CalOptima



Lessons Learned and Best Practices





Open Discussion

Sarah Brooks

Deputy Director, Health Care Delivery Systems
Department of Health Care Services



Public Comments, Next Steps, and Upcoming Meetings

Sarah Brooks

Deputy Director, Health Care Delivery Systems
Department of Health Care Services



CCS AG Meeting 1700 K Street

Wednesday, October 9

Wednesday, January 15

Wednesday, April 15

Wednesday, July 8

Wednesday, October 7



Information and Questions

- For Whole Child Model information, please visit:
 - http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx
- For CCS Advisory Group information, please visit:
 - http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx
- If you would like to be added to the DHCS CCS Interested
 Parties email list or if you have questions, please send them to CCSRedesign@dhcs.ca.gov